

# Amendment to Original Application



ReliaStar Life Insurance Company  
A member of the ING family of companies

Please return this completed form to your personnel, payroll, insurance or benefits office. The change in rate will be effective the first of the month following the signature date.

Group Name <b>Washington State Health Care Authority</b>		
Group Number 12373-1	Account Number	Certificate Number
Applicant Name - Please Print (Last, First, M.I.)		
Birth Date	Social Security Number	

For purposes of applying for the NON-TOBACCO USER RATE, I hereby amend my application for insurance dated \_\_\_\_\_ to include my and/or my spouse/state-registered domestic partner's answer to the following questions, agreeing that this amendment is to be made a part of my application and considered as a basis of the contract for insurance.

Tobacco use is defined as smoking cigarettes, electronic cigarettes, cigars, or pipes or using chewing tobacco or nicotine gum within the last 12 months.

1. Have you used tobacco in the last 12 months? ☐ Yes ☐ No
2. Is your spouse/state-registered domestic partner covered by Spouse/State-Registered Domestic Partner Supplemental Life Insurance? ☐ Yes ☐ No

If yes, has your spouse/state-registered domestic partner used tobacco in the last 12 months? ☐ Yes ☐ No

The Tobacco User premium rate applies:

- To the employee if s/he has used tobacco in the last 12 months; or
- To the employee and the spouse/state-registered domestic partner covered under the Spouse/State-Registered Domestic Partner Supplemental Life Insurance if either person has used tobacco in the last 12 months.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, in the year, \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Owner (if other than Employee)